MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11757-62-044142
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1
28120 79
3
4 1
5 2
6
7 1
8 1
9
10
11
12 51-0
13

51

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois COUNTY: Lawrence
c. CITY OR TOWN: Bridgeport,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 647 Lexington St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: M. Last: DOBSON

4. DATE OF DEATH: Month: DECEMBER Day: 6 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-28-1904

9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Wabash Co., Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ansel Marion

13b. MOTHER'S MAIDEN NAME: Sarah B. Keen

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Nadalie Cooper, Bridgeport, Ill.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE GASTRIC DILATATION — INTERVAL BETWEEN ONSET AND DEATH: LESS THAN 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): FATTY METAMORPHOSIS OF LIVER — UNKNOWN
DUE TO (c): 581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1961 to DEC. 6, 1962 and last saw her/him alive on DEC. 6, 1962
Death occurred at 5:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph W. West M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 12/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-7-1962

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Bridgeport, Ill.

24. FUNERAL DIRECTOR ADDRESS: Burke Funeral Home E. St Louis

25. DATE RECD. BY LOCAL REG.: DEC 8- 1962

26. REGISTRAR'S SIGNATURE: Boad Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.